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Fill in this information to identify your case:	
United States Bankruptcy Court for the: District of South Carolina	
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

2019 JUL 2b A IO: 09
U.S BANKRUPTCY COURT
DISTRICTION TO THE PEAROLINA
amended filing

B 101- Form 1-101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filling alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. I DEMAND REMOVAL FROM AUTOMATIC REFERRAL

Pa	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or	Cherita First name A	First name
	passport).	Middle name Trotter	Middle name
	Bring your picture identification to your meeting with the trustee.	Last name	Last name
	mar and musico.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	First name Last name First name Middle name	First name Last name First name Middle name Middle name
3.	Only the last 4 digits of your Social Security	Last name $ x = x - 0 - 8 - 9 - 2 $	Last name ***********************************
	number or federal Individual Taxpayer Identification number (ITIN)	OR 9 xx - xx	OR 9 xx - xx

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Debtor 1 Cherita A. First Name Middle N	Trotter Last Name		Case number (if known)	_
одоления под приняти в приняти под приняти под под приняти под	About Debtor 1:	nnskristerungen (maktik den en e	About Debtor 2 (Spouse Only in a Joint Case):	
4. Any business names and Employer Identification Numbers (EIN) you have used in	☐ I have not used any busined	ss names or EINs.	☐ I have not used any business names or EINs.	
the last 8 years	Business name		Business name	_
Include trade names and doing business as names	Business name		Business name	_
			EIN	
	EIN		EIN	
5. Where you live	งสหมายคลามราวราชายที่กัดสภัยพิเศษกายการเกาะการการการการการการการการการการการการการก	સ્ટરનાથમાં ભાગમાં કરાત કરતા કરતા કરતા હતા. 	If Debtor 2 lives at a different address:	
	PMB 144 Pavilion Street	t		
	Number Street		Number Street	
	Summerville	SC 29483		_
	City	State ZIP Code	City State ZIP Cod	le
	Dorchestor County		County	
	If your mailing address is dif above, fill it in here. Note that any notices to you at this mailing	t the court will send	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.	
	Number Street		Number Street	
	P.O. Box		P.O. Box	
	City	State ZIP Code	City State ZIP Coo	je
6. Why you are choosing this district to file for bankruptcy	Check one: ✓ Over the last 180 days before I have lived in this district loother district. ☐ I have another reason. Express (See 28 U.S.C. § 1408.)	onger than in any	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	
				_

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De	btor 1 Cherita A. Tr	otter •	Last Name		-	Case number (if kn	own)
P	art 2: Tell the Court Abou	t Your Ba	ankrup	tcy Case			
7.	The chapter of the Bankruptcy Code you			a brief description o orm 2010)). Also, g			U.S.C. § 342(b) for Individuals Filing appropriate box.
	are choosing to file	☐ Chap	oter 7	,,			
	under	☐ Chap	ter 11				
		☐ Chap					
		☑ Chap					
8.	How you will pay the fee	local yours subm with I nee Appl I req By la less pay t	court for self, you nitting you a pre-part to particular t	or more details at a may pay with ca our payment on your inted address. The fee in instance for Individuals to the fee be was at my fee be was at my fee of the official in installments). I	allments. If you may out required to, w poverty line that fyou choose this	ay pay. Typicall heck, or money in attorney may put choose this operate in Installment request this optivative your fee, at applies to you is option, you m	eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check stion, sign and attach the nts (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is a family size and you are unable to just fill out the Application to Have the with your petition.
9.	Have you filed for bankruptcy within the last 8 years?	☑ No ☐ Yes.			When When		Case number
			District		When		Case number
10	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☑ No ☐ Yes.			When	MM/DD/YYYY	Relationship to you Case number, if known Relationship to you Case number, if known
11	. Do you rent your residence?	☐ No. ☑ Yes.	☑ No.	ur landlord obtaine Go to line 12.	tement About an l		? t Against You (Form 101A) and file it as

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Deb	otor 1 Cherita A. T				Case number (if know	vn)	
	First Name Middle Name	9	Last Name				
Pa	rt 3: Report About Any B	usiness	ses You Own as a Solo	e Proprietor			
12.	Are you a sole proprietor of any full- or part-time		Go to Part 4.				
	business?	☐ Yes.	Name and location of bus	iness			
	A sole proprietorship is a business you operate as an		N/A				
	individual, and is not a		Name of business, if any				
	separate legal entity such as a corporation, partnership, or		N				
	LLC.		Number Street				
	If you have more than one sole proprietorship, use a						
	separate sheet and attach it to this petition.						
			City		State	ZIP Code	
			Check the appropriate bo	x to describe	our business:		
			☐ Health Care Business	(as defined in	11 U.S.C. § 101(27A))		
			☐ Single Asset Real Est	tate (as define	d in 11 U.S.C. § 101(51E	3))	
			☐ Stockbroker (as defin	ed in 11 U.S.C	C. § 101(53A))		
			Commodity Broker (a	s defined in 11	I U.S.C. § 101(6))		
			☐ None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	can set most re any of t No.	appropriate deadlines. If y cent balance sheet, staten hese documents do not ex I am not filing under Chapter the Bankruptcy Code.	ou indicate the nent of operati ist, follow the oter 11.	at you are a small busine ons, cash-flow statement procedure in 11 U.S.C. §	btor according to the definition in	
		☐ Yes	. I am filing under Chapter Bankruptcy Code.	11 and I am a	small business debtor a	ccording to the definition in the	
Pa	rt 4: Report if You Own	or Have	Any Hazardous Prope	erty or Any	Property That Needs	s Immediate Attention	
14.	Do you own or have any	☑ No					
	property that poses or is		. What is the hazard?				
	alleged to pose a threat of imminent and	- 163	. What is the hazard?				-
	identifiable hazard to						-
	public health or safety? Or do you own any						
	property that needs immediate attention?		If immediate attention is	needed, why	is it needed?		
Man of the control of	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?						-
	•		Where is the property?	N/A			_
				Number	Street		
							_
							_
				City		State ZIP Code	

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_		
De	btor	1

Cherita	A.	Trotter
Circle Minner	141-14	NI.

Case number (if known)

Chenia	A. Hou	<u> </u>
First Name	Middle Name	

Last Name

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before! filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
 - ☐ Incapacity. I have a mental illness or a mental deficiency that makes me
 - incapable of realizing or making rational decisions about finances. Disability. My physical disability causes me
 - to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
 - Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must

still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:
 - ☐ Incapacity. I have a mental illness or a mental deficiency that makes me
 - incapable of realizing or making rational decisions about finances.
 - ☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
 - Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 19-03935-dd Doc 1 Filed 07/26/19 Entered 07/26/19 11:10:21 Desc Main Document Page 6 of 20

Det		i Ottei	Case nu	mber (if known)	
	First Name Middle Name	Last Name			
Pa	rt 6: Answer These Ques	tions for Reporting Purposes			
16.	What kind of debts do you have?	16a. Are your debts primarily as "incurred by an individual p No. Go to line 16b. 2 Yes. Go to line 17			
		16b. Are your debts primarily	business debts? Busine	ss debts are deb	ts that you incurred to obtain
		money for a business or inves 2 No. Go to line 16c.	tment or through the operati	on of the busines	s or investment.
		Yes. Go to line 17.			
		16c. State the type of debts you ow	e that are not consumer det	ots or business de	ebts.
17.	Are you filing under Chapter 7?	☑ No. I am not filing under Chapt	ter 7. Go to line 18.	A SALATAMAN CARANAN ANN ANN AN AN AN AN AN AN AN AN AN	manasin sena democri kepangan dana ad elemen ana ana ang di delah da ang di delah da ang di delah da ang di de
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Chapter 7 administrative expenses a No Yes	7. Do you estimate that after re paid that funds will be ava		
18.	How many creditors do you estimate that you owe?	✓ 1-49 □ 50-99 □ 100-199 □ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000		25,001-50,000 3 50,001-100,000 3 More than 100,000
19.	How much do you estimate your assets to be worth?	□ \$0-\$50,000 □ \$50,001-\$100,000 ☑ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 millior \$10,000,001-\$50 millior \$50,000,001-\$100 mill \$100,000,001-\$500 mil	on C	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 ☑ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 millior \$10,000,001-\$50 millior \$50,000,001-\$100 million \$100,000,001-\$500 million	on C	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Pa	rt 7: Sign Below				
Fc	or you	I have examined this petition, and I	certify hat the information p	rovided is true a	nd correct.
		If I have chosen to file under Chapt of title 11, United States Code. I un under Chapter 7.			
		If no attorney represents me and I of this document, I have obtained and			
		I request relief in accordance with t	•	•	·
		I understand making a false statem with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and	n fines up to \$250,000, or im		
		Signature of Debtor 1	ifti, x	Signature of Del	otor 2
		Executed on $\frac{1}{2}$ $\frac{1}{2}$) }}\S(Executed on	
		MM / DD / YYY	<u>// // </u>		// DD /YYYY

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ebtor 1 Cherita A. Tr	COTTO Last Name	Case number (if known)			
for your attorney, if you are epresented by one	I, the attorney for the debtor(s) named in this to proceed under Chapter 7, 11, 12, or 13 of available under each chapter for which the pthe notice required by 11 U.S.C. § 342(b) ar knowledge after an inquiry that the informati	fititle 11, United States Code, and person is eligible. I also certify th ad, in a case in which § 707(b)(4)	d have e at I have (D) app	explained the relief e delivered to the debi dies, certify that I have	tor(s)
eed to file this page.	×	Date			
	Signature of Attorney for Debtor	Date	MM	/ DD /YYYY	-
	Printed name				
	Firm name				
	Number Street				
	City	State	ZIP Cod	de	
	Contact phone	Email address			_
	Bar number	State	-		
				own programma in the Arms	i i kalanda

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	Document Page 8 of 20
Debtor 1 Cherita A. Ti	rotter Case number (if known)
For you if you are filing this bankruptcy without an attorney	The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.
If you are represented by an attorney, you do not need to file this page.	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.
	You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.
	If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.
	Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?
	□ No ☑ Yes
	Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?
	☐ No ☑ Yes
	Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? ✓ No ✓ Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.
	Signature of Debtor 1 Signature of Debtor 2
	g

Date

Contact phone

Email address

Cell phone

12312019 MM/DD /YYYY

(843) 371-2301

Email address cheritatrotter@gmail.com

Contact phone (843) 371-2301

Cell phone

MM / DD / YYYY

First	1				
or 2	Cherita	A.	Trotter	7	
	t Name	Middle Name	Last Name		
se, if filing) First	t Name	Middle Name	Last Name		
d States Bank	kruptcy Court for the:		District of South Carolin	a	
number			(State)		
own)					Check if this amended fili
	106Dec ration A	bout an	Individual De	ebtor's Schedules	12
Si	ign Below				
Did you pa	ay or agree to pay	someone who is	NOT an attorney to help you f	ill out bankruptcy forms?	
_/					
No No	lama of namon			Attach Bankruptcy Petition Preparer's Notice, Declara	
	value of person				ation, and
	varie of person			Signature (Form 1-119).	ation, and
	varie of person			Signature (Form 1-119).	ation, and
	valle of person.			Signature (Form 1-119).	ation, and
	valle of person.			Signature (Form 1-119).	ation, and
Yes. N		summary and sc			ation, and
Yes. N		summary and sc		Signature (Form 1-119).	ation, and
Yes. N		summary and sc			ation, and
Yes. N			thedules filed with this declarat		ation, and
Yes. N	at I have read the	summary and sc		ion and that they are accurate.	ation, and

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Fill in this information to identify your o	ase:			
Debtor 1 Cherita A.	Trotter			
BCDIOI 1	le Name Last Name			
Debtor 2 (Spouse, if filing) First Name Mide	le Name Last Name			
United States Bankruptcy Court for the:	District of South Carolina			
Case number	(State)		_	
(If known)			☐ Check i amende	
			amende	eu illing
Form 1-106D				
	rs Who Have Claims Secur	ed by Pro	nortv	12/15
	le. If two married people are filing together, both are e opy the Additional Page, fill it out, number the entries,			
additional pages, write your name and				
4. Do any anditon have dained account	16			
Do any creditors have claims secured No. Check this how and submit this is	i by your property? orm to the court with your other schedules. You have noth	sing else to report on	this form	
Yes. Fill in all of the information belo	•	ang else to report on	uns ioni.	
Tes. This is an of the information belo	vv.			
Part 1: List All Secured Claims				
		Column A	Column B	Column C
	s more than one secured claim, list the creditor separately		Value of collateral	Unsecured
	r has a particular claim, list the other creditors in Part 2. lphabetical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
SANTANDER CONSUMER USA IN	C. Describe the property that secures the claim:	\$ N/A	s N/A s N/A	
Creditor's Name	2012 Nissan Altima, 4 door Sedan, charcoal gray	7		
P.O. Box 660633 Number Street	-			
	As of the date you file, the claim is: Check all that apply	<u></u> 1.		
Dallas, TX 75266-063	3 Contingent			
City State ZIP Code	— Unliquidated			
	₩ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	 An agreement you made (such as mortgage or secured car loan) 			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	_		
community debt				
Date debt was incurred 12/2013 2.2	Last 4 digits of account number 2 1 9 4	HPMSHBWSKO, MONTH HE CONTRIBUTED OUT	NEW CONTROL OF MARKET PROPERTY OF THE PROPERTY	THE RESERVE AND ADDRESS OF
_ Creditor's Name	Describe the property that secures the claim:	<u> </u>	\$	\$
Number Street				
	As of the date you file, the claim is: Check all that apply	<i>j</i> .		
	Contingent			
City State ZIP Code	Unliquidated ☐ Disputed			
Who owes the debt? Check one.	·			
Debtor 1 only	Nature of lien. Check all that apply.			
Debtor 2 only	 An agreement you made (such as mortgage or secured car loan) 			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			

☐ Check if this claim relates to a

community debt

Date debt was incurred

\$_N/A

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

Debtor 1 Cherita A. Trotter First Name Middle Name Last Name Case number (if known)

Pa	Additional Page After listing any entries on this pays 2.4, and so forth.	age, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.3		Describe the property that secures the claim:	s s_	\$	
	Creditor's Name		1		
	Number Street				
		As of the date you file, the claim is: Check all that apply.			
City State ZIP Code		Contingent			
	•	☐ Unliquidated ☐ Disputed			
	Vho owes the debt? Check one.	Nature of lien. Check all that apply.			
_	Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
_	Debtor 2 only Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
	At least one of the debtors and another	☐ Judgment lien from a lawsuit			
	Check if this claim relates to a	Other (including a right to offset)			
	community debt				
D	ate debt was incurred	Last 4 digits of account number			
		Describe the property that secures the claim:	\$	\$	\$
	Creditor's Name		1		
	Number Street				
		As of the date you file, the claim is: Check all that apply.	1		
		☐ Contingent			
		☐ Unliquidated			
	City State ZIP Code	☐ Disputed			
_	Who owes the debt? Check one.	Nature of lien. Check all that apply.			
_	Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured			
_	Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
	At least one of the debtors and another	Judgment lien from a lawsuit			
	Check if this claim relates to a	Other (including a right to offset)			
_	community debt				
D	ate debt was incurred	Last 4 digits of account number			
		Describe the property that secures the claim:	\$	\$	\$
	Creditor's Name		1		
	Number Street				
		As of the date you file, the claim is: Check all that apply.			
		Contingent			
	City State ZIP Code	☐ Unliquidated ☐ Disputed			
	Who owes the debt? Check one.	Nature of lien. Check all that apply.			
	Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
	Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt		Judgment lien from a lawsuit			
		Other (including a right to offset)			
	Date debt was incurred	Last 4 digits of account number		,	
The state of the s	Add the dollar value of your entries	in Column A on this page. Write that number here:	\$		
**************************************		add the dollar value totals from all pages.	\$	1	
L	Write that number here:		·	-1	

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		_	DUC	umem ray	Je 12 01 20
Debtor 1	Cherita		I t N		Case number (if known)
D - 16 O	First Name	Middle Name	Last Name	That You Alexado	. I sokod
agency is you have	page only if you trying to colle- more than one	have others to b	e notified about debt you owe to of the debts that	someone else, list th you listed in Part 1, l	a debt that you already listed in Part 1. For example, if a collection e creditor in Part 1, and then list the collection agency here. Similarly, if ist the additional creditors here. If you do not have additional persons to
	LLATERA	L RECOVE	RY		On which line in Part 1 did you enter the creditor? $2 \cdot \frac{1}{2}$
Name 818 Numbe	College Par	rk Road			Last 4 digits of account number 2 1 9 4
Lad	son	TRANSPRALIFORNING FOR FOR SOCIATION OF THE SOCIATION OF T	State	29456 ZIP Code	вумиум. семенния налижения и постоя выполнения от приничения в постоя в пос
					On which line in Part 1 did you enter the creditor?
Name					Last 4 digits of account number
Numbe	er Street				_
City			State	ZIP Code	-
	OMERGEN MED Secundar Michigan School (Secundar Secundar S	ind a first of the mild hidder has retining cover or man conscious and	kilo okko eldamidero ilabberagatarios o sensomerro egus	aan arumu ruode kuur seembatharidelidesti dada peemaaruuridikki 1997 olist peema	On which line in Part 1 did you enter the creditor?
Name					Last 4 digits of account number
Numb	er Street				_
City			State	ZIP Code	<u>-</u> -
Permission		arriennam et. Traffe dit enn nut, a l'enn léther lib a fran éin en anés mals gaggager	CONCOCCO DE SECUCION DE COCOCCO DE COCOCCO. DE COCOCCO DE COCOCCO. DE COCOCCO DE COCOCCO DE COCOCCO DE COCOCCO DE COCOCCO DE COCOCCO. DE COCOCCO DE COCOCCO DE COCOCCO DE COCOCCO. DE COCOCCO DE COCOCCO DE COCOCCO. DE COCOCCO DE COCOCOCCO. DE COCOCCO DE COCOCCO. DE COCOCCO DE COCOCCO. DE COCOCCO DE	TII OOGE	www.www.www.communica.communica.communica.communica.communica.com.communica.com.communica.communica.communica.com
Name					On which line in Part 1 did you enter the creditor? Last 4 digits of account number
					_
Numb	er Street				_
City	···	••••	State	ZIP Code	_
An askilla come but if dodicarbot	tillakkin a navo maldattesid i minddilla ori iki a ori ali a ori ilika kit en	nterform social deven dig feld blivere i chi sche sell'un color me even vivili con	анго осибность в видую райо совом режине сключения и интелевили и и	a e quikacrasida a sispetus este rines dan 1 à rei e 4 de 1968 e 1967 de 4 de 1967 de 1967 de 1967 de 1967 de 1	On which line in Part 1 did you enter the creditor?
Name					Last 4 digits of account number
Numb	er Street				_
City			State	ZIP Code	-
Establishmennennyning	ttacar sala a tar dalarah dedigirasi Pribasasi Albasa (Albasa Albasa Albasa (Albasa Albasa (Albasa Albasa (Albasa Albasa (Albasa Albasa (Albasa Albasa (Albasa		PANCEMBRA S SELECT SECULIS SE LANDOCE E ESTACIÓN	aassa kaasaakkomuus valkoosti häättäää etäää	On which line in Part 1 did you enter the creditor?
Name					Last 4 digits of account number

City

Number

Street

ZIP Code

State

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Fill in this information to identify your case:						
Debtor 1	Cherita	A.	Trotte	er		
	First Name		Middle Name	Last Name		
Debtor 2						
(Spouse, if filing)	First Name		Middle Name	Last Name		
United States Bankruptcy Court for the:				District of South Carolina (State)		
Case number	(If known)					

☐ Check if this is an amended filing

12/15

Form 1-106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Pa	rt 1: Summarize Your Assets	
THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE P		Your assets Value of what you own
\$	Schedule A/B: Property (Form 1-106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$
- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	1b. Copy line 62, Total personal property, from Schedule A/B	
And the second state of th	1c. Copy line 63, Total of all property on Schedule A/B	s
Pa	ort 2: Summarize Your Liabilities	
TO TO AN AN ANTI-		Your liabilities Amount you owe
1	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$\$
1	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$n/a
CLOSPROMENTO do de cereminamente procesario	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	
SERVICE CONTRACTOR CON	Your total liabi	lities \$
Pa	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	s
5 .	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	
		NAMES AND THE ASSESSMENT OF THE PROPERTY OF TH

Debtor 1	Cherita	A.	Trotter		Cas	se number (if known)	
	First Name	Middle N	ama	Last Name	-		

P	art 4:	Answer These Questions for Administrative and Statistical Records						
6.	Are yo	u filing for bankruptcy under Chapters 7, 11, or 13?						
	☐ No.	You have nothing to report on this part of the form. Check this box and submit this form	orm to the court with your other	rschedules.				
7.	What k	ind of debt do you have?	HERMONING HER ST. BYTTEN FLOW; T. TO, GORDON I SARETO EXPENDENT TO THE PROPERTY HERBOTY OF SAFEL ANNEL SAMPLE CO.	PERFECUENCIAL MANAGEMENTA AND THE CONTRACT OF				
		Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.						
		ur debts are not primarily consumer debts. You have nothing to report on this part of the court with your other schedules.	of the form. Check this box ar	nd submit				
8.		he Statement of Your Current Monthly Income: Copy your total current monthly inc 22A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	come from Official	\$				
9.	Copy t	he following special categories of claims from Part 4, line 6 of Schedule E/F:	ALAMANTAK KATANTAK K	жения жене жана жене жене жене жене жене жене				
			Total claim					
	From	Part 4 on Schedule E/F, copy the following:						
	9a. Do	mestic support obligations (Copy line 6a.)	\$					
	9b. Tax	kes and certain other debts you owe the government. (Copy line 6b.)	\$					
	9c. Cla	ims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$					
	9d. Stu	ident loans. (Copy line 6f.)	\$					
		ligations arising out of a separation agreement or divorce that you did not report as prity claims. (Copy line 6g.)	\$					
	9f. De	bts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$					
	9g. To t	tal. Add lines 9a through 9f.	\$					

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Fill in this information to identify your case:						
Debtor 1	Cherita	Α.	Trotter			
Debtor 2	First Name	Middle Name	Last Name			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States I	United States Bankruptcy Court for the: District of South Carolina (State)					
Case number (If known)						

Form 1-106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Form 1-106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Pai	t 1: List All of Your PRIORITY Unsecure	ed Claims			
1.	Do any creditors have priority unsecured claims	against you?			
	No. Go to Part 2.				
ib. fram	Yes.				
į.		editor has more than one priority unsecured claim, list th	e creditor s	separately for	each claim. For
	nonpriority amounts. As much as possible, list the c	a claim has both priority and nonpriority amounts, list the laims in alphabetical order according to the creditor's na Part 1. If more than one creditor holds a particular claim estructions for this form in the instruction booklet.)	ame. If you	have more that ner creditors in	an two priority n Part 3.
2.1			s	•	e
-	Priority Creditor's Name	Last 4 digits of account number	-	•	
C./PROJECTH-core	The state of the s	When was the debt incurred?			
N N N N N N N N N N N N N N N N N N N	Number Street				
		As of the date you file, the claim is: Check all that apply	,		
		☐ Contingent			
	City State ZIP Code	Unliquidated			
	Who incurred the debt? Check one.	•			
	Debtor 1 only	☐ Disputed			
	Debtor 2 only	Type of PRIORITY unsecured claim:			
Market of the state of the stat	Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
Manual Land	☐ At least one of the debtors and another	Taxes and certain other debts you owe the government			
-	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were			
	Is the claim subject to offset?	intoxicated			
and the second	□ No	Other. Specify			
Medic words	Yes				
2.2		Last 4 digits of account number			
Bull tradition	Priority Creditor's Name		\$	\$	\$
El diffracionate		When was the debt incurred?			
harden de de la companya de la compa	Number Street	As of the date you file, the claim is: Check all that apply	,		
N-100000			•		
1100000	Charles 710 Octo	☐ Contingent☐ Unliquidated			
-	City State ZIP Code	<u> </u>			
	Who incurred the debt? Check one.	☐ Disputed			
Code of the Code o	Debtor 1 only	Type of PRIORITY unsecured claim:			
100000	Debtor 2 only	Domestic support obligations			
Page No.	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
-thodocole sile	At least one of the debtors and another	Claims for death or personal injury while you were			
AAA - AVY GOOD ON THE STATE OF	☐ Check if this claim is for a community debt	intoxicated			
	Is the claim subject to offset?	Other. Specify			
to one de	□ No				
To China Company	☐ Yes		NATIONAL AND A SALL AND A STREET	DEA, N. C. SANARIJAN PARTININAN AND AND AND AND AND AND AND AND AND	annuments annumental transfer of the contract

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Debtor 1

Cherita Trotter

Middle Name

Document

Last Name

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Case number (if known)

Part 1: Your PRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim **Priority** Nonpriority amount amount Last 4 digits of account number ___ __ __ Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent State ZIP Code ☐ Unliquidated □ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government ☐ At least one of the debtors and another ☐ Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number ___ __ __ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ZIP Code ☐ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another lacksquare Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify_ Is the claim subject to offset? □ No Yes Last 4 digits of account number ___ \$____\$_ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent State ZIP Code ■ Unliquidated ☐ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another ☐ Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No Yes

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Cherita	A.	Trotter
First Name	Mide	de Name

Debtor 1 Last Name

Case number (if known)_

Pai	rt 2:	List All of Your NONPRIORITY Unsecured Claims						
3.	Do any	creditors have nonpriority unsecured claims against you	?	Accessed to the second				
	No.	☑ No. You have nothing to report in this part. Submit this form to the court with your other schedules. ☐ Yes						
4 . l	List all nonprio include	of your nonpriority unsecured claims in the alphabetical ority unsecured claim, list the creditor separately for each claim d in Part 1. If more than one creditor holds a particular claim, lifill out the Continuation Page of Part 2.	. For each claim listed, identify what type of claim it is. Do not	list claims already				
				Total claim				
.1			Last A digita of account number					
	Nonprio	ority Creditor's Name	Last 4 digits of account number	\$				
	Nonebas	Ot1	When was the debt incurred?	The second secon				
	Number	r Street						
	City	State ZIP Code	As of the date you file, the claim is: Check all that apply.					
	14/ha :	incurred the debt? Check one.	Contingent					
		ebtor 1 only	☐ Unliquidated ☐ Disputed	a obviendady.				
		ebtor 2 only						
		ebtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:					
	∟ At	least one of the debtors and another	Student loans	SE OPPO DA LA LA POPE				
	☐ CH	neck if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	1				
	is the	claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	3				
	□ No		Other. Specify	111.0 mg/s				
	☐ Ye							
.2			Last 4 digits of account number	\$				
	Nonprio	onty Creditor's Name	When was the debt incurred?					
	Numbe	r Street						
			As of the date you file, the claim is: Check all that apply.					
	City	State ZIP Code	☐ Contingent	2 MIII 1				
	Who i	incurred the debt? Check one.	Unliquidated					
		ebtor 1 only	☐ Disputed					
		ebtor 2 only ebtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:					
		least one of the debtors and another	☐ Student loans					
	☐ Ci	heck if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 					
		claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	s				
	☐ No	,	Other. Specify					
	☐ Ye	DS	HOSSINGHANDER BERUSTUSTUSTUS ON BERUSTUS HIT ON THE SECTION OF THE					
.3	 		Last 4 digits of account number	•				
	Nonprio	ority Creditor's Name	When was the debt incurred?	5				
	Numbe	or Street						
			As of the date you file, the claim is: Check all that apply.					
	City	State ZIP Code	_					
	_	incurred the debt? Check one.	☐ Contingent☐ Unliquidated					
	_	ebtor 1 only	☐ Disputed	:				
		ebtor 2 only ebtor 1 and Debtor 2 only	To a CAICAIDDIODITY and a lains					
	_	least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	□ cı	heck if this claim is for a community debt	 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce 					
		e claim subject to offset?	that you did not report as priority claims					
	☐ No	•	☐ Debts to pension or profit-sharing plans, and other similar debt☐ Other. Specify	S				
	☐ Ye	es	_ 55.51. 565617					

Cherita A. Trotter

000	First Name Middle Name Last Name	Case Harrison (in Albarra)	
Pa	rt 2: Your NONPRIORITY Unsecured Claims — Continua	ation Page	
			and the second
Aft	er listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	. As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	□ Contingent	
	WII 1 110 01 1	☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		
	At least one of the debtors and another	Student loans	
		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	□ No		
	Yes		
		органия адами рым информация сливности постаную не принима и периода принима до принима приним	
		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	-	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	_	☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	<u>-</u>	
	At least one of the debtors and another	 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that 	
		you did not report as priority claims	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	□ No □ Yes		
	TICS	С при	
		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	- When was the debt incurred?	
	Number Street		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Gity State ZIP Code	☐ Contingent☐ Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	☐ Debtor 1 only	•	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
Washington with	□ No	outer. opening	

☐ Yes

Debtor 1

Cherita A. Trotter

Case number (if known)_

Part 3:

Last Name List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured Clair
			-	Last 4 digits of account number
City	CONTRACTOR OF THE STATE OF THE	State	ZIP Code	
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
Momo	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC		estantinis off resulted in customers the sense of the	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
	en medicina formation de la companya	SET I SAMA MIESTA Asce 1854 subdect, te dem erasionis et scrieve a sécondrista a ve	d och det sacken modern och den sakk och et å foret i vist den akket.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
ir rombowa oski rusov ace ve akti	THE MAN AND PROPERTY OF THE PROPERTY OF THE PARTY OF THE	17.7 MARCONE SACTION SACTION 1 AN SANSTHON MALE ARCTIVITY SALT	CONTRACTOR OF THE CONTRACTOR O	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Construction of Construction of Construction of the Delicate Unconstruction
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Nullibei	30000			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	
Name	·			On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
				Ciumo
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		C4-1-	7ID Codo	Last 4 digits of account number
City		State	ZIP Code	

Case 19-03935-dd Doc 1 Filed 07/26/19 Entered 07/26/19 11:10:21 Desc Main Document Page 20 of 20 Cherita A. Trotter Debtor 1 Case number (if known) Middle Name Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. **Total claim** 6a. Domestic support obligations 6a. **Total claims** from Part 1 6b. Taxes and certain other debts you owe the 6b. government 6c. Claims for death or personal injury while you were intoxicated 6c.

6d.

Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority

6d. Other. Add all other priority unsecured claims.

Write that amount here.

6e. Total. Add lines 6a through 6d.

- 6h. Debts to pension or profit-sharing plans, and other similar debts
- Other. Add all other nonpriority unsecured claims.
 Write that amount here.
- 6j. Total. Add lines 6f through 6i.

N/A

6f.

6g. \$_____

6h. s

6i. + _{\$_____}